



**TALBOT COUNTY OFFICE  
OF PLANNING AND ZONING**

Courthouse, 11 N. Washington Street  
Easton, MD 21601  
(410)-770-8030

**APPLICATION FOR LICENSE  
SHORT TERM RENTAL**

In accordance with and under the authority of Talbot County Code, §190-20L, enacted on  
March 27, 2001 by the Talbot County Council

Only primary dwellings are eligible for short-term licensure. Use of guesthouses or other accessory dwellings  
are not permitted for short-term rental.

PLANNING OFFICE FILE NUMBER \_\_\_\_\_

ADDRESS OF RENTAL \_\_\_\_\_

TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. \_\_\_\_\_

TAX IDENTIFICATION NUMBER \_\_\_\_\_

DRIVING DIRECTIONS:

NAME, ADDRESS, TELEPHONE (HOME & WORK) OF PERSON SUBMITTING THIS APPLICATION

Name

Address

Phone h)

w)

LIST ALL NAMES, ADDRESS, TELEPHONE (HOME & WORK) OF ALL HOLDERS OF RECORD TITLE

Name

Address

Phone h)

w)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

RESIDENT AGENT \_\_\_\_\_ PHONE h) \_\_\_\_\_ w) \_\_\_\_\_

SQUARE FOOTAGE OF PRIMARY DWELLING \_\_\_\_\_ NO. OF BEDROOMS \_\_\_\_\_

TYPE SEWAGE DISPOSAL : PUBLIC \_\_\_\_\_ INDIVIDUAL ON-SITE \_\_\_\_\_

**CERTIFICATION:** *I certify that all the information noted herein and in any attached documents is true and correct. I understand that in accordance with §190-20L, Talbot County Code, the Planning Officer may decline to issue or may suspend or revoke a Short Term Rental License due to any false, inaccurate, or misrepresentation in this application or other registration. By the filing of this application, I authorize agents of the regulatory governmental agencies to enter onto my property for the purposes of performing the inspections necessary to insure compliance with all regulations, restrictions and limitations on the establishment and operation of a short-term rental property.*

OWNERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***OFFICE USE ONLY***

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**ADDRESS OF RENTAL** \_\_\_\_\_

**APPROVALS:**

**ZONING INSPECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLANNING OFFICE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADMIN. SERVICES** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HEALTH DEPT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS / CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_